



Detroit Department of
Health & Wellness Promotion
1151 Taylor Street
Detroit, MI 48202
(313) 876-4000
www.detroitmi.gov/health

Noble Maseru, PhD, MPH
Director and Health Officer

Phyllis Meadows, PhD, MSN
Deputy Director

Vincent Nathan, PhD, MPH
Deputy Director

Mayor

Kwame M. Kilpatrick

City Council

Maryann Mahaffey
Council President
Kenneth V. Cockrel, Jr.
President Pro-tem
Alonzo Bates
Barbara Rose Collins
Sheila Cockrel
Kay Everett
Sharon McPhail
Alberta Tinsley-Talabi
JoAnn Watson

City Clerk

Jackie Currie



CITY OF DETROIT STRATEGIC PLAN TO ELIMINATE CHILDHOOD LEAD POISONING BY 2010



CHILDHOOD LEAD POISONING PREVENTION AND CONTROL PROGRAM

Mission Statement of the Lead Poisoning Elimination Strategic Partnership

The Mission of the City of Detroit Strategic Lead Poisoning Elimination Partnership of public and private agencies, organizations, and concerned citizens is to eliminate* childhood lead poisoning by 2010.

The Mission will be assured by:

- Creating a centralized coordinating body to assure accountability to the public and to monitor the implementation and evaluation of the Strategic Lead Poisoning Elimination Plan
- Increasing lead public awareness, education, and outreach through the use of multiple media
- Universal blood lead testing of children less than six years old
- Case management of children with elevated blood lead levels, which includes the provision and coordination of services to reduce blood lead levels below the level of concern (i.e., 10 µg/dL)
- Environmental inspections and code enforcement of identified residential lead hazards
- Addressing residential lead hazards through abatement and remediation activities
- Surveillance activities that monitor children's blood lead levels, sources of exposure, reduction of lead hazards, and availability of lead-safe housing
- Implementation of primary prevention activities, which prevent children from being exposed to lead, including actions that reduce residential lead hazards before children are born, before they are mobile, and before they move into a home with lead hazards
- Reviewing state and local legislation to determine their effectiveness in dealing with identified lead hazards and modifications to ensure that children are protected
- Sustaining current sources of funding and identifying new and innovative funding resources
- Promoting the utilization and preservation of the Lead-Safe Housing Registry

* Detroit's definition of elimination: Prevalence rate not to exceed 3.2% for children under the age of six by 2010

This City of Detroit Strategic Lead Poisoning Elimination Plan was supported by Grant/Cooperative Agreement Number US7/CCU522869-02 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.





KWAME M. KILPATRICK, MAYOR
CITY OF DETROIT
EXECUTIVE OFFICE

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVE., SUITE 1126
DETROIT, MICHIGAN 48226
PHONE 313•224•3400
FAX 313•224•4128
WWW.CI.DETROIT.MI.US

October 27, 2004

Dear Friends:

Today represents the beginning of a combined effort to eliminate a truly preventable disease in the City of Detroit. Over the past 12 months, the Department of Health and Wellness Promotion's Childhood Lead Poisoning Prevention and Control Program has worked diligently to bring together community, local, and state organizations to develop a plan to address the problem of childhood lead poisoning within our city.

According to U.S. census data, 56% of Detroit's homes were built before 1950. Therefore, we are certain that lead-based paint is present with the majority of the city's housing stock. Furthermore, young children living in these homes will continue to be exposed to lead hazards. Timely and effective maintenance must be undertaken to control lead exposures in these older structure.

In September 2003, approximately 75 stakeholder representatives convened at Cobo Conference Exhibition Center to discuss what was needed to protect Detroit's children from the lifelong, harmful effects of lead poisoning. This collaboration has resulted in the development of the draft Strategic Lead Poisoning Elimination Plan.

Today, the Strategic Lead Poisoning Elimination Plan will serve as a guide to move the city toward the goal of eliminating childhood lead poisoning by the year 2010. This plan is also in line with the Kilpatrick Administration's Kid, Cops, Clean initiative.

I encourage you, as concerned, committed citizens, to embrace and implement this Strategic Lead Poisoning Elimination Plan and protect children, our most at-risk residents, from the harmful effects of lead poisoning. The quality of housing in the city will improve and another key component of Detroit's revitalization will be achieved.

Sincerely,

Kwame M. Kilpatrick
Mayor



Message From Our Mayor	1
Executive Summary	3
Introduction	4
Background	5-6
Methodology and Format	7
Component 1 – Education and Outreach	8-10
Component 2 – Universal and Targeted Testing	11-12
Component 3 – Primary Prevention	13-14
Component 4 – Housing	15-16
Component 5 – Legislation and Code Enforcement	17-18
Component 6 – Funding and Resource Enhancement	19-20
Strategic Work Plan	21-37
Appendices	
A. Strategic Lead Poisoning Elimination Partners & Department/Agency Acronyms	38
B. Universal Testing Policy	39-40
Acknowledgments	41

Executive Summary

In July 2003, the Detroit Department of Health and Wellness Promotion Childhood Lead Poisoning Prevention and Control Program (DCLPP&CP) enthusiastically embraced the U.S. Centers for Disease Control and Prevention's (CDC) challenge to coordinate and develop a Strategic Lead Poisoning Elimination Plan for the City of Detroit. The DCLPP&CP along with community-based organizations have been pursuing the control and prevention of childhood lead poisoning since the early 1970s without a strategic plan. As a result, the number one environmental health concern for young children has remained a persistent and silent thief of their optimal health and well-being. Within the last three years (2000-03), the City and its tenacious lead advocates have made positive strides in reducing childhood lead poisoning in Detroit through increased public awareness and lead education; testing initiatives; and case management, interim controls, and lead abatement services. While we are making progress, our work is not yet done. Thus, the Strategic Lead Poisoning Elimination Plan will assure our concerted effort in the right direction toward success.

The DCLPP&CP contracted with the National Center for Healthy Housing of Columbia, Maryland, to provide guidance in developing a comprehensive Strategic Lead Poisoning Elimination Plan. In September 2003, the Lead Poisoning Elimination Task Force convened with approximately 75 public and private stakeholder representatives who were divided into six subcommittees, each of which was charged with providing recommendations for the final Strategic Lead Poisoning Elimination Plan. These subcommittees included Education and Outreach, Universal and Targeted Testing, Primary Prevention, Housing, Legislation and Code Enforcement, and Funding and Resource Enhancement. Each subcommittee created and compiled recommendations to develop a Strategic Work Plan with per-



formance measures to assess the effectiveness of the strategies. Their input formed the basis for a first draft of the Strategic Lead Poisoning Elimination Plan, which was prepared and submitted to the CDC on March 19, 2004. In April 2004, the Task Force reconvened to deliberate further on the draft recommendations and the Strategic Work Plan. The comments and feedback from the Task Force members as well as other key stakeholders were incorporated into this final plan document. Key recommendations of each subcommittee are presented below:

- Develop and implement an ongoing citywide educational awareness campaign.
- Provide education on landlords' legal responsibilities and tenants' rights.
- Expand primary prevention activities.
- Educate participating property owners and tenants to identify lead hazards and control techniques to prevent lead exposure to children.
- Establish a baseline of lead-safe pre-1978 housing.
- Increase the number of abated homes annually.
- Increase the awareness of lead-safe homes in Detroit.

- Increase the number of interim controls completed within 30 days.
- Revise Section 24-10 of the City Ordinance.
- Improve enforcement of the City Code Lead Ordinance Section 24-10 until revisions are made.

The Strategic Lead Poisoning Elimination Plan for the City of Detroit will address the areas of concern articulated in both the CDC strategic plan preparation guidelines and the Michigan Governor's *Childhood Lead Poisoning Prevention: A Call to Action* report. The Strategic Work Plan goals, objectives, and activities have been specifically designed for the City. The lead agency for this effort will be the Detroit Department of Health and Wellness Promotion, under the direction of Dr. Noble Maseru and his representatives within the DCLPP&CP.

It is with great anticipation that this Strategic Lead Poisoning Elimination Plan will be implemented and evaluated for success by the current and new partners in a collective effort to eliminate childhood lead poisoning as a public health concern in the City of Detroit by 2010.

Introduction

In September 2003, the Detroit Department of Health and Wellness Promotion (DHWP) convened a Task Force for the purpose of developing a comprehensive Strategic Lead Poisoning Elimination Plan for the elimination of childhood lead poisoning by 2010. This Task Force was made up of six subcommittees, each of which was charged with providing recommendations for the final Strategic Lead Poisoning Elimination Plan. Those subcommittees included Education and Outreach, Universal and Targeted Testing, Primary Prevention, Housing, Legislation and Code Enforcement, and Funding and Resource Enhancement.

Over the course of six months, each subcommittee met on a regular basis to discuss, debate, and review its recommendations and to develop a Strategic Work Plan with performance measures to assess the effectiveness of the recommendations on an ongoing basis. This input formed the basis for a first draft of the Strategic Lead Poisoning Elimination Plan, which was prepared and submitted to the U.S. Centers for Disease Control and Prevention (CDC) on March 19, 2004. In April 2004, the Task Force reconvened



to deliberate further on the draft recommendations and the implementation steps contained in this draft Plan. The comments and feedback from the Task Force members as well as other key stakeholders were incorporated into this final Plan document.

The Department of Health and Wellness Promotion contracted with the National Center for Healthy Housing of Columbia, Maryland, to assist in moderating the first and second Task Force meetings and to coordinate the

development of the Strategic Lead Poisoning Elimination Plan. In December 2003, the Center's project team became a subsidiary, Healthy Housing Solutions, Inc. Together the Center and Healthy Housing Solutions worked closely with the DCLPP&CP and the subcommittee chairs on determining the process to be followed, coordinating the Task Force meetings, conducting key stakeholder interviews, and designing a Strategic Lead Poisoning Elimination Plan outline.

Background

Childhood lead poisoning continues to be a major public health concern in the City of Detroit. In 2003, one out of every 15 children or 6.4% (nearly double the state's rate of 3.2%) of our City's children were lead poisoned (MDCH, DCLPP&CP 2003). Detroit has been identified by the CDC as having the fourth highest estimated number of children with elevated blood lead levels in cities with populations greater than or equal to 100,000 (CDC Program Announcement). Many factors have contributed to this serious health crisis. Detroit's housing stock is old and deteriorating – 56% of Detroit's housing was built before 1950, making it a prime source for lead-based paint (Figure 1). In addition,

70% of Detroit's 93,365 children under the age of six live in poverty (2000 U.S. Census) (Figure 2). This statistic is twice as high as the national percentage (35%) and nearly two and half times higher than the state percentage (29%). It is well established that poverty is a marker for deteriorating properties, poor nutrition, and other barriers to good health and well-being. As a result of these socio-economic risk factors, the Michigan Department of Community Health (MDCH) considers all children in Detroit at risk for lead poisoning.

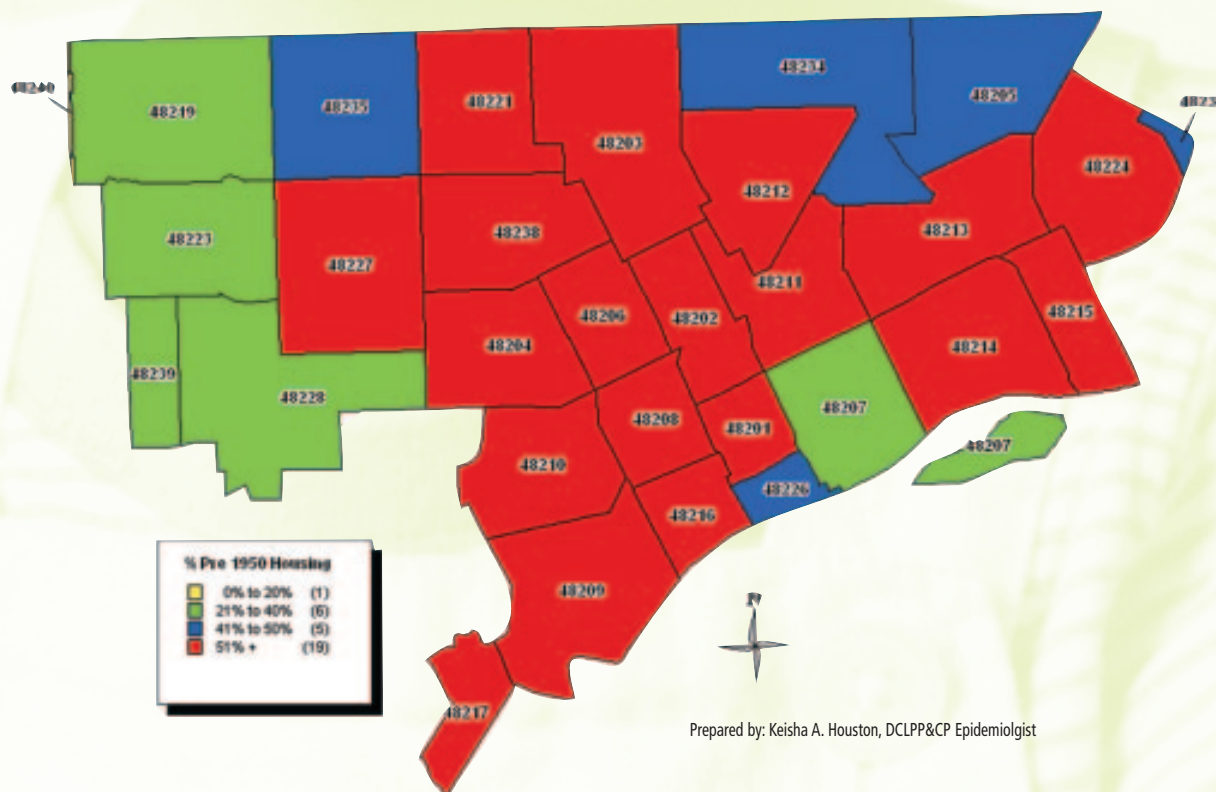
Despite the high prevalence of exposure to lead and associated risks, in 2003, 32,698 of Detroit's 93,365 children under the age of six were tested, yielding a testing



rate of 35% (MDCH, CLPPP, 2003). Of those 32,698 children tested, 2,054 (6.4%) had blood lead levels greater than or equal to 10µg/dL, which is defined by the CDC as being lead poisoned.

Figure 1

City of Detroit Pre-1959 Housing
Source 2000 U.S. Census Data



Prepared by: Keisha A. Houston, DCLPP&CP Epidemiologist

Background

Children ages 0-3 years are at greatest risk for lead exposure due to their rapidly developing bodies; frequent hand-to-mouth behavior; potentially inadequate nutritional status; and parental lack of knowledge of lead hazard prevention and control. Of Detroit's 30,307 children one and two years of age, 14,604 (48%) were tested in 2003. Of the 14,604 tested, 1,053 (7.2%) had blood lead levels greater than or equal to 10µg/dL, and 1.4% (203) had elevated lead levels greater than or equal to 20µg/dL.

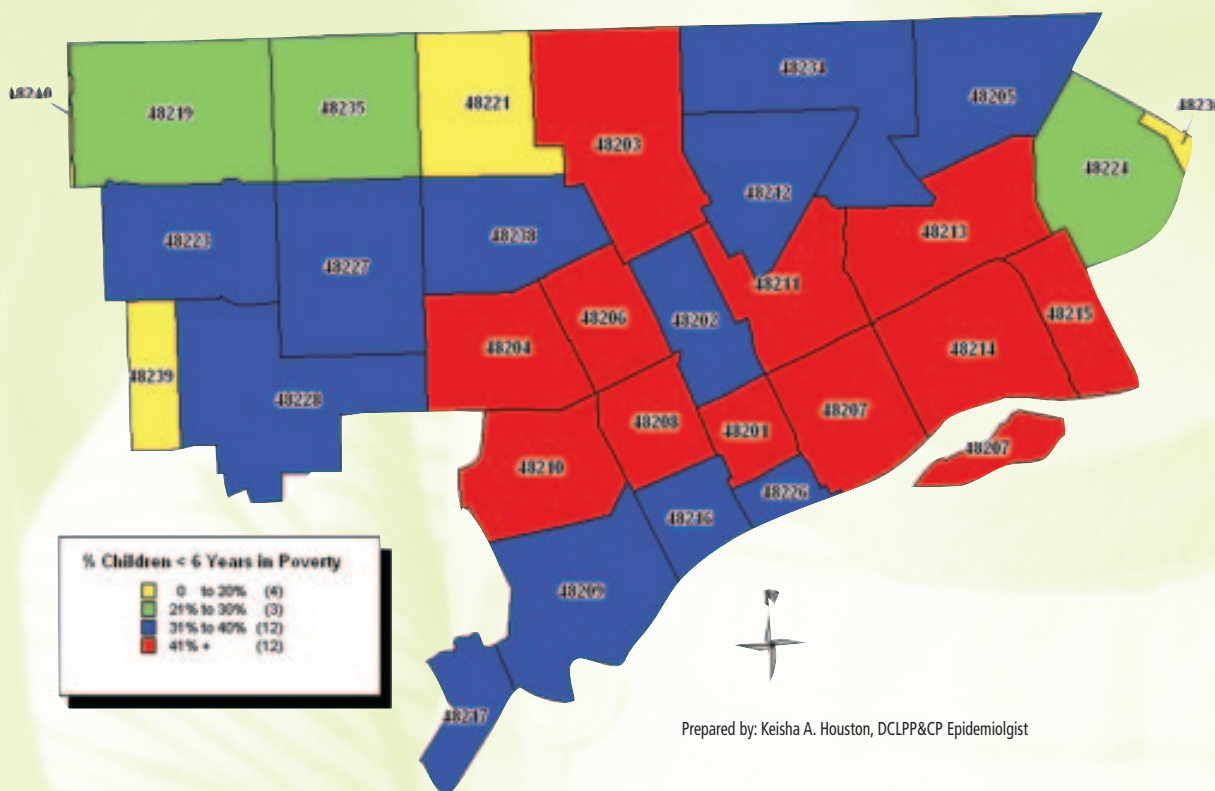
Detroit has made strides in reducing childhood lead poisoning within the last two years as a result of cooperation and partnerships (See Appendix A for

Strategic Lead Poisoning Elimination Partners). In an attempt to improve environmental service delivery within the City, DCLPP&CP, CLEARCorps/Detroit, and Healthy Homes=Healthy Kids instituted a referral process to increase the number of low-income families receiving interim controls services and to improve the quality of services provided. Partnerships were also formed with the Detroit Housing Commission and City of Detroit Department of Planning and Development in an effort to link low-income residents with abatement resources and services. The three Departments collaborated to create a referral process that would increase the number of res-

idents applying for abatement services, thereby increasing the enrollment of low-income housing units for treatment via the Department of Housing and Urban Development (HUD) Lead Hazard Control Grant Program. The Detroit Lead Partnership was formed in November 2000, and its members include representation from State, City and local community groups, lead-related experts, and community leaders who provide a wealth of knowledge in all aspects of lead activities. This broad coalition was formed to assist with identifying and eliminating gaps in services. Their mission is to coordinate and monitor the efforts to prevent and eliminate lead poisoning in Detroit.

Figure 2

City of Detroit Children < 6 years in Poverty
Source 2000 U.S. Census Data



Methodology and Format

Data sources used in preparation of this report included existing background documents and records, as well as all relevant committee and subcommittee notes. Since the Michigan Governor's *Childhood Lead Poisoning Prevention: A Call to Action* report is also guiding lead activities in Detroit, certain portions of that document have been incorporated into the goals and activities of this Strategic Lead Poisoning Elimination Plan. Additionally, there was an extensive review of local and State laws and regulations pertaining to childhood lead poisoning and housing codes (not lead-specific) as well as surveillance data and reports on current program activities and protocols.

On September 23 and 24, 2003, an extensive day-and-a-half Strategic Planning Task Force meeting and workshop was held, at which approximately 75 public and private stakeholder representatives participated. In advance of this first meeting, project team members from Healthy Housing Solutions, acting as facilitators, prepared a general meeting agen-



da and sets of questions and issues explicitly designed for consideration by each of the six subcommittees. Subcommittee chairpersons and participants were identified and assigned in advance of the meeting.

This meeting and workshop gave Task Force participants a sense of purpose, empowerment, and resolve to tackle the problem of childhood lead poisoning in the City. It also emphasized the need for a holistic approach and solution. At the close of the meeting and workshop, key issues and priorities identified for further investigation, evaluation, and resolution included the following needs:

- For communication, collaboration, and coordination among the City's key agencies with responsibilities for lead poisoning prevention and lead hazard evaluation and reduction
- For the Mayor's Office to appoint a central coordinator and authority for all City lead programs
- To increase the enforcement of existing City ordinance and code provisions and the possible introduction of amendments to bolster these statutory and administrative provisions
- To more fully engage other key stakeholders in the process, including rental property owners and managers, real estate professionals, rental property tenants, renovation and remodeling contractors, and lead hazard evaluation and control contractors and professionals
- To increase and improve upon lead poisoning prevention and educational and outreach



efforts, including the creation of linguistically and culturally appropriate materials.

These key issues and priorities formed the basis for much of the ongoing work of the subcommittees. The six subcommittees submitted recommendations and suggested implementation tasks and activities, which were discussed and debated at a second Task Force meeting and workshop held on April 27, 2004.

Following the September 23-24 meeting and workshop, nine individuals who were identified as possessing important critical viewpoints and supplemental sources of information, were interviewed over the course of several weeks. Each of these nine stakeholder representatives was interviewed via telephone by a Healthy Housing Solutions project team member for approximately one hour.

The overall structure of the Strategic Lead Poisoning Elimination Plan includes two major sections: the narrative (overview, activities, and evaluation plan); and a Strategic Work Plan, containing important outcome measures (i.e., goals, objectives, activities, time frames, and implementation budget considerations).

Component 1 – Education and Outreach

Overview

Education and outreach are pivotal to eradicating childhood lead poisoning in the City of Detroit. Such activities have helped Detroit make tremendous progress in increasing the public's awareness of the prevention and treatment of lead poisoning. Increasing public awareness was also effective in cultivating community collaborations and ongoing partnerships among governmental, non-governmental, and community-based agencies. Ultimately, education and outreach activities have had a significant impact on the reduction of childhood lead poisoning in Detroit from 31% in 1995 to 6.4% in 2003.

The City continues to educate the public about lead hazards and to make a concerted effort to identify at-risk children in need of lead testing. Surveillance data were utilized to plan targeted outreach in the zip code areas where the largest number of lead poisoned children was known to reside. Partnerships were established to combine resources to disseminate lead testing and lead hazard edu-



cational materials to families at various community sites.

A citywide billboard and bus board campaign was launched to further increase public awareness. Two main messages (*Lead Hurts Kids* and *Call Your Doctor Now For Lead Testing*) were placed on 25 billboards located in high-risk neighborhoods, and on 10 city bus boards. In addition, a local magazine published articles in its spring and fall issues discussing the impact of lead poisoning and the need to have children tested. Local newspapers have been influential partners in educating the public about childhood lead poisoning through the publication of articles related to the lead problem in Detroit. Other innovative media were also used to increase lead poisoning awareness. The Detroit Lead Partnership (DLP) sponsored an outreach and educational theatrical play entitled, "Jimmy's Getting Better," performed April 16-17, 2002. This play depicted the journey of a lead poisoned child and the multiple challenges

families experience coping with the illness and treatment options.

In 2002, the City of Detroit Planning and Development Department formed the Mayor's Lead-Based Paint Task Force committee to coordinate agencies to address lead-burdened homes through the use of Community Development Block Grant Rehabilitation Programs. The Task Force committee further galvanized public awareness by initiating five town hall meetings that were held in various parts of the City. The town hall meetings addressed topics of concern such as lead awareness, tenant/owner responsibilities, and the importance of lead testing.

The overarching goal of the Education and Outreach subcommittee is *to reduce childhood lead exposure by one percent annually (baseline percentage rate – 6.4% MDCH 2003) through education and outreach*. The following activities will direct the Task Force toward the achievement of this goal.

Component 1 – Education and Outreach continued



Develop and Implement an Ongoing Citywide Educational Awareness Campaign

The Task Force will develop and implement an ongoing citywide educational awareness campaign to provide consistent, visible, and comprehensive lead education. The campaign will incorporate a variety of media to promote healthy behaviors with regard to lead poisoning prevention to increase the lead testing rate and reduce childhood lead poisoning in Detroit. In an effort to reach larger and more diverse audiences, the Task Force will identify communities or groups that have language and/or cultural barriers, which limit or inhibit their ability to fully understand and act upon lead poisoning prevention recommendations. Therefore, printed materials will be translated into different languages and, in some instances, rewritten to improve the cultural relevance and understanding.

In addition, education and outreach activities will target the professional health care community. The Task Force will

develop strategies to educate health care professionals about lead poisoning prevention and control. This activity will require preparation of materials and educational presentations designed specifically for the needs of medical providers. Additionally, health care students, interns, and residents will receive lead poisoning prevention education, particularly for children living in older urban neighborhoods. It is anticipated that activities that raise awareness of these professionals during their training process will improve their level of awareness later in their clinical practices.

Provide Education on Landlords' Legal Responsibilities and Tenants' Rights

Currently, one of the larger challenges within the City has been to consistently communicate with owners of rental properties. Therefore, activities to improve communication will include concerted efforts to gain access to landlord audiences in order to educate, instruct, and assist them with their concerns or lack of information about lead hazards. This educational and outreach

effort will include information about the legal responsibilities associated with housing maintenance codes and the federal real estate notification and disclosure requirements, and what financial assistance might be available if repairs are needed. Activities to educate tenants of their rights and responsibilities regarding lead-based paint hazards will be held in both group and one-on-one settings.

In addition, homeowners in high-risk neighborhoods may be eligible for funding to make repairs in their homes but have difficulty with the complex enrollment and application procedures. Therefore, the education and outreach subcommittee will assist in this process of enrollment when needed, in an effort to address lead hazards in distressed housing. These outreach efforts will incorporate the use of language or culture-specific staff and resources to assist with application processes.

Many home improvement contractors working in privately owned houses may have lack of

